PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/661,748			ing Date 12/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE	_	NUMBER FILED N/A		N/A		N/A	FEL (a)	ł	N/A	FEL (#)	
┝	(37 CFR 1.16(a), (b), o	or (c))							ł	<u> </u>		
Ļ	(37 CFR 1.16(k), (i), or EXAMINATION FE		N/A		N/A		N/A			N/A		
TO	(37 CFR 1.16(o), (p), or TAL CLAIMS		N/A		N/A		N/A			N/A		
(37	CFR 1.16(i))		minus 20 = *			IJ	x \$ =		OR	x s =		
	DEPENDENT CLAIM CFR 1.16(h))		minus 3 = *			1	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
	MULTIPLE DEPEN	DENT CLAIM PR]								
* If	the difference in colu	umn 1 is less than	r "0" in column 2.	-	TOTAL]	TOTAL				
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
١	03/09/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ž	Total (37 CFR 1.18(i))	• 29	Minus	·· 58	= 0	1	x \$ =		OR	X \$50=	0	
AMENDMENT	Independent (37 CFR 1.16(h))	• 7	Minus	 3	= 4	1	x \$ = 1		OR	X \$210=	840	
ME	Application Size Fee (37 CFR 1.16(s))											
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	840	
(Column 1) (Column 2) (Column 3)												
_		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z I	Total (37 CFR 1,16())		Minus		=	П	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***	=	1	X \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))					1			1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))]			OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Anuther Previously Paid For IN THIS SPACE is less than 30, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". ROSA M. HOLLAND/ THE "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

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